

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213538779				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CALIBRE SYSTEMS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: 03262102</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	500,000
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COMMON	500,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 6354 WALKER LANE METRO PARK STE 300</p> <p style="text-align: center;">CITY/ST/ZIP: ALEXANDRIA, VA 22310</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSEPH A MARTORE TITLE: PRES/CEO ADDRESS: 728 SPRINGVALE RD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOSEPH A MARTORE TITLE: PRES/CEO ADDRESS: 728 SPRINGVALE RD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH H REYNOLDS DIRECTOR 8419 MARTINGALE DRIVE MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES T SCOTT DIRECTOR PO BOX 893 COLEMAN, TX 76834	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MINDY L SCOTT DIRECTOR 12702 SABASTIAN DRIVE FAIRFAX, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L VANANTWERP DIRECTOR 951 SEVEN LAKES N WEST END, NC 27376	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA LITTLE EVP/CFO 16305 JOUSTING TERRACE DERWOOD, MD 20855	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG COLLEGE SVP STRATEGY 7200 GOLD RING TERRACE DERWOOD, MD 20855	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT W LARRICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W LARRICK, EVP/CAO/SEC PRINTED NAME AND CORPORATE TITLE	8/20/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			